



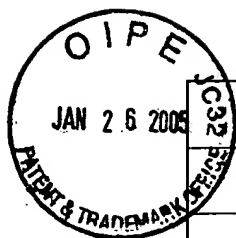
PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
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|---|------------------------|-----------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/856,336      |
|   | Filing Date            | August 20, 2001 |
|   | First Named Inventor   | Neil Butt       |
|   | Art Unit               | 1636            |
|   | Examiner Name          | M. Marvich      |
| Total Number of Pages in This Submission  | Attorney Docket Number | 55913(71745)    |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page)<br><br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> After Allowance Communication to TC  |
| <input checked="" type="checkbox"/> Amendment/Reply (22 pages)<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                            |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page)   | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Request for Refund  | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD   | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br><br>Supplemental Declaration and Power of Attorney (4 pages);<br>1449 Form and cited references; & return receipt postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  | Remarks  |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53              |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                          |          |        |
|--|--------------------------|----------|--------|
| Firm Name                                  | EDWARDS & ANGELL, LLP    |          |        |
| Signature                                  |                          |          |        |
| Printed name                               | Kathryn A. Piffat, Ph.D. |          |        |
| Date                                       | January 26, 2005         | Reg. No. | 34,901 |

|   |                              |
|---|------------------------------|
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| Dated: January 26, 2005   | Signature:  (Sharon Bizokas) |



# AMENDMENT TRANSMITTAL LETTER

Docket No.  
55913(71745)

Application No.  
09/856,336

Filing Date  
August 20, 2001

Examiner  
M. Marvich

Art Unit  
1636

Applicant(s): Neil J. Butt et al.

Invention: NUCLEIC ACID ISOLATION

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED  |   |   |                                   |      |          |
|--|---|---|-----------------------------------|------|----------|
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |          |
| Total Claims   | 47  | - 47 =                                  |                                   | x    |          |
| Independent<br>Claims  | 10  | - 10 =                                  |                                   | x    |          |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |   |   |                                   |      |          |
| Other fee (please specify): Extension for response within third month    |   |   |                                   |      | 1,020.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:                                 |   |   |                                   |      | 1,020.00 |

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 1,020.00.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105  
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*Kathryn A. Pfaff, Ph.D.*

Kathryn A. Pfaff, Ph.D.  
Attorney Reg. No.: 34,901

Dated: January 26, 2005

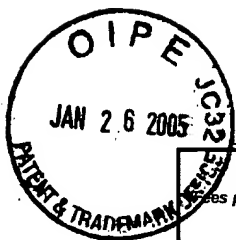
EDWARDS & ANGELL, LLP  
P.O. Box 55874  
Boston, Massachusetts 02205  
(617) 439-4444

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Dated: January 26, 2005

Signature: *Sharon Bizokas*

(Sharon Bizokas)



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

|  |  |                          |                 |
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| <b>Effective on 12/08/2004.</b><br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | <b>Complete if Known</b> |                 |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>   |  | Application Number       | 09/856,336      |
|  |  | Filing Date              | August 20, 2001 |
|  |  | First Named Inventor     | Neil Butt       |
|  |  | Examiner Name            | M. Marvich      |
|  |  | Art Unit                 | 1636            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                             |  | Attorney Docket No.      | 55913(71745)    |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | <b>(\$)</b>              | <b>1,200.00</b> |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards &amp; Angell, LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee             |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                                   |

|   |                    |                              |   |                              |                         |                              |                                      |
|---|--------------------|------------------------------|---|------------------------------|-------------------------|------------------------------|--------------------------------------|
| <b>FEE CALCULATION</b>  |                    |                              |   |                              |                         |                              |                                      |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                              |   |                              |                         |                              |                                      |
| <b>Application Type</b>   | <b>FILING FEES</b> |                              | <b>SEARCH FEES</b>                                      |                              | <b>EXAMINATION FEES</b> |                              | <b>Fees Paid (\$)</b>                |
|   | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>   | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> |                                      |
| Utility   | 300                | 150                          | 500   | 250                          | 200                     | 100                          |                                      |
| Design  | 200                | 100                          | 100   | 50                           | 130                     | 65                           |                                      |
| Plant   | 200                | 100                          | 300   | 150                          | 160                     | 80                           |                                      |
| Reissue   | 300                | 150                          | 500   | 250                          | 600                     | 300                          |                                      |
| Provisional   | 200                | 100                          | 0   | 0                            | 0                       | 0                            |                                      |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                              |   |                              |                         |                              | <b>Small Entity Fee (\$)</b>         |
| <b>Fee Description</b>  |                    |                              |   |                              |                         |                              | <b>Fee (\$)</b>                      |
| Each claim over 20 (including Reissues)   |                    |                              |   |                              |                         |                              | 50                                   |
| Each independent claim over 3 (including Reissues)  |                    |                              |   |                              |                         |                              | 200                                  |
| Multiple dependent claims   |                    |                              |   |                              |                         |                              | 360                                  |
| <b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>  |                    |                              |   |                              |                         |                              | <b>Multiple Dependent Claims</b>     |
| _____ - 20 = _____ x _____ = _____  |                    |                              |   |                              |                         |                              | <b>Fee (\$)</b> <b>Fee Paid (\$)</b> |
| <b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>   |                    |                              |   |                              |                         |                              |                                      |
| _____ - 3 = _____ x _____ = _____   |                    |                              |   |                              |                         |                              |                                      |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                              |   |                              |                         |                              |                                      |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                              |   |                              |                         |                              |                                      |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b>          | <b>Number of each additional 50 or fraction thereof</b> |                              | <b>Fee (\$)</b>         | <b>Fee Paid (\$)</b>         |                                      |
| _____ - 100 = _____   |                    | /50                          | _____ (round up to a whole number) x _____              |                              | =                       | _____                        |                                      |
| <b>4. OTHER FEE(S)</b>  |                    |                              |   |                              |                         |                              | <b>Fees Paid (\$)</b>                |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                              |   |                              |                         |                              |                                      |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month   |                    |                              |   |                              |                         |                              | 1,020.00                             |
| 1806 Submission of an Information Disclosure Statement  |                    |                              |   |                              |                         |                              | 180.00                               |

|                     |                          |                                   |                  |
|---------------------|--------------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                          |                                   |                  |
| Signature           |                          | Registration No. (Attorney/Agent) | 34,901           |
| Name (Print/Type)   | Kathryn A. Piffat, Ph.D. | Telephone                         | (617) 439-4444   |
|                     |                          | Date                              | January 26, 2005 |

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| Dated: January 26, 2005   | Signature:  (Sharon Bizokas) |